

Identifier	Shoppable Service	CPT/HCPCS Code	Service Category	Standard Charge	Reimbursement Rate		AETNA (MEDICARE REPLACEMENT HMO)		AETNA BETTER HEALTH-KENTUCKY (MEDICARE HMO)		Anthem BCBS Reference LA		Anthem BCBS Blue Traditional/Preferred		Anthem BCBS Blue Access		Anthem BCBS Blue Preferred/Preferred		Anthem BCBS Anthem Pathway PPO/HMO		Anthem BCBS Medicare Advantage		Anthem BCBS Medicare Select		Anthem BCBS Medicare HD (HMO)		MEDICARE ACCESS (MEDICARE REPLACEMENT REGIONAL PPO)		
					Minimum Negotiated Rate	Maximum Negotiated Rate	70%	46%	46%	100%	72%	65%	60%	60%	60%	36%	100%	46%	112.47	46%	112.47								
					Discounted Cash Price	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate	Medicare Rate
1	Psychotherapy, 30 minutes Physician Service	90832	Evaluation and Management Services Not Provided by Hospital	\$ 244.13	\$ 83.02	\$ 244.13	\$ 112.47	\$ 112.47	\$ 112.47	\$ 112.47	\$ 100%	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 88.02	\$ 100%	\$ 244.50	\$ 46%	\$ 112.47	\$ 46%	\$ 112.47	\$ 46%	\$ 112.47	
2	Psychotherapy, 45 minutes Physician Service	90834	Evaluation and Management Services Not Provided by Hospital	\$ 372.25	\$ 134.03	\$ 372.25	\$ 260.58	\$ 171.24	\$ 171.24	\$ 171.24	\$ 100%	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 134.01	\$ 100%	\$ 372.25	\$ 46%	\$ 171.24	\$ 46%	\$ 171.24	\$ 46%	\$ 171.24
3	Psychotherapy, 60 minutes Physician Service	90837	Evaluation and Management Services Not Provided by Hospital	\$ 553.50	\$ 199.26	\$ 553.50	\$ 387.45	\$ 254.61	\$ 254.61	\$ 254.61	\$ 100%	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 199.26	\$ 100%	\$ 553.50	\$ 46%	\$ 254.61	\$ 46%	\$ 254.61	\$ 46%	\$ 254.61
4	Family psychotherapy, not including patient, 50 minutes Physician Service	90846	Evaluation and Management Services Not Provided by Hospital	\$ 351.00	\$ 126.36	\$ 351.00	\$ 246.70	\$ 161.46	\$ 161.46	\$ 161.46	\$ 100%	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 126.36	\$ 100%	\$ 351.00	\$ 46%	\$ 161.46	\$ 46%	\$ 161.46	\$ 46%	\$ 161.46
5	Family psychotherapy, including patient, 50 min Physician Service	90847	Evaluation and Management Services Not Provided by Hospital	\$ 410.50	\$ 147.78	\$ 410.50	\$ 287.35	\$ 188.83	\$ 188.83	\$ 188.83	\$ 100%	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 147.78	\$ 100%	\$ 410.50	\$ 46%	\$ 188.83	\$ 46%	\$ 188.83	\$ 46%	\$ 188.83
6	Group psychotherapy Physician Service	90853	Evaluation and Management Services Not Provided by Hospital	\$ 409.25	\$ 147.33	\$ 409.25	\$ 286.48	\$ 188.26	\$ 188.26	\$ 188.26	\$ 100%	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 147.33	\$ 100%	\$ 409.25	\$ 46%	\$ 188.26	\$ 46%	\$ 188.26	\$ 46%	\$ 188.26
7	New patient office or other outpatient visit, typically 30 min Physician Service	99203	Evaluation and Management Services Not Provided by Hospital	\$ 235.00	\$ 84.60	\$ 235.00	\$ 164.50	\$ 108.10	\$ 108.10	\$ 108.10	\$ 100%	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 84.60	\$ 100%	\$ 235.00	\$ 46%	\$ 108.10	\$ 46%	\$ 108.10	\$ 46%	\$ 108.10
8	New patient office of other outpatient visit, typically 45 min Physician Service	99204	Evaluation and Management Services Not Provided by Hospital	\$ 297.25	\$ 107.01	\$ 297.25	\$ 208.08	\$ 136.74	\$ 136.74	\$ 136.74	\$ 100%	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 107.01	\$ 100%	\$ 297.25	\$ 46%	\$ 136.74	\$ 46%	\$ 136.74	\$ 46%	\$ 136.74
9	New patient office of other outpatient visit, typically 60 min Physician Service	99205	Evaluation and Management Services Not Provided by Hospital	\$ 412.00	\$ 148.32	\$ 412.00	\$ 288.40	\$ 189.52	\$ 189.52	\$ 189.52	\$ 100%	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 148.32	\$ 100%	\$ 412.00	\$ 46%	\$ 189.52	\$ 46%	\$ 189.52	\$ 46%	\$ 189.52
10	Patient office consultation, typically 40 min Physician Service	99243	Evaluation and Management Services Not offered	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11	Patient office consultation, typically 60 min Physician Service	99244	Evaluation and Management Services Not offered	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12	Initial new patient preventive medicine evaluation, for those ages 18 to 39 Physician Service	99385	Evaluation and Management Services Not offered	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13	Initial new patient preventive medicine evaluation, for those ages 40 to 64 Physician Service	99388	Evaluation and Management Services Not offered	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14	Basic metabolic panel Physician Service	80048 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 171.75 \$ 20.00	\$ 5.69 \$ 2.00	\$ 171.75 \$ 20.00	\$ 120.21 \$ 14.00	\$ 79.01 \$ 9.20	\$ 79.01 \$ 9.20	\$ 79.01 \$ 9.20	\$ 5.69 \$ 2.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 171.75 \$ 20.00	\$ 100%	\$ 171.75 \$ 20.00	\$ 46%	\$ 79.01 \$ 9.20	\$ 46%	\$ 79.01 \$ 9.20	\$ 46%	\$ 79.01 \$ 9.20
15	Blood test, comprehensive group of blood chemicals Physician Service	80053 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 185.00 \$ 20.00	\$ 7.15 \$ 2.00	\$ 185.00 \$ 20.00	\$ 130.50 \$ 14.00	\$ 85.10 \$ 9.20	\$ 85.10 \$ 9.20	\$ 85.10 \$ 9.20	\$ 7.15 \$ 2.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 185.00 \$ 20.00	\$ 100%	\$ 185.00 \$ 20.00	\$ 46%	\$ 85.10 \$ 9.20	\$ 46%	\$ 85.10 \$ 9.20	\$ 46%	\$ 85.10 \$ 9.20
16	Obstetric blood test panel Physician Service	80055	Laboratory and Pathology Services Not offered	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17	Blood test, lipids Venipuncture Physician Service	80061 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 205.00 \$ 20.00	\$ 9.68 \$ 5.00	\$ 205.00 \$ 20.00	\$ 143.50 \$ 14.00	\$ 94.30 \$ 9.20	\$ 94.30 \$ 9.20	\$ 94.30 \$ 9.20	\$ 9.68 \$ 5.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 205.00 \$ 20.00	\$ 100%	\$ 205.00 \$ 20.00	\$ 46%	\$ 94.30 \$ 9.20	\$ 46%	\$ 94.30 \$ 9.20	\$ 46%	\$ 94.30 \$ 9.20
18	Kidney function panel test Venipuncture Physician Service	80069 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 138.50 \$ 20.00	\$ 5.69 \$ 5.00	\$ 138.50 \$ 20.00	\$ 96.95 \$ 14.00	\$ 63.71 \$ 9.20	\$ 63.71 \$ 9.20	\$ 63.71 \$ 9.20	\$ 5.69 \$ 5.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 138.50 \$ 20.00	\$ 100%	\$ 138.50 \$ 20.00	\$ 46%	\$ 63.71 \$ 9.20	\$ 46%	\$ 63.71 \$ 9.20	\$ 46%	\$ 63.71 \$ 9.20
19	Liver function blood test panel Venipuncture Physician Service	80076 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 142.25 \$ 20.00	\$ 5.69 \$ 5.00	\$ 142.25 \$ 20.00	\$ 99.58 \$ 14.00	\$ 65.44 \$ 9.20	\$ 65.44 \$ 9.20	\$ 65.44 \$ 9.20	\$ 5.69 \$ 5.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 142.25 \$ 20.00	\$ 100%	\$ 142.25 \$ 20.00	\$ 46%	\$ 65.44 \$ 9.20	\$ 46%	\$ 65.44 \$ 9.20	\$ 46%	\$ 65.44 \$ 9.20
20	Manual analysis test with examination using microscope Physician Service	81001	Laboratory and Pathology Services Not Provided by Hospital	\$ 92.75	\$ 2.69	\$ 92.75	\$ 64.91	\$ 42.67	\$ 42.67	\$ 42.67	\$ 2.69	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 92.75	\$ 100%	\$ 92.75	\$ 46%	\$ 42.67	\$ 46%	\$ 42.67	\$ 46%	\$ 42.67
21	Automated analysis test Physician Service	81003	Laboratory and Pathology Services Not Provided by Hospital	\$ 107.75	\$ 1.91	\$ 107.75	\$ 42.51	\$ 27.95	\$ 27.95	\$ 27.95	\$ 1.91	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 107.75	\$ 100%	\$ 107.75	\$ 46%	\$ 27.95	\$ 46%	\$ 27.95	\$ 46%	\$ 27.95
22	Private specific antigen Venipuncture Physician Service	84153 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 127.75 \$ 20.00	\$ 15.64 \$ 5.00	\$ 127.75 \$ 20.00	\$ 89.41 \$ 14.00	\$ 58.77 \$ 9.20	\$ 58.77 \$ 9.20	\$ 58.77 \$ 9.20	\$ 15.64 \$ 5.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 127.75 \$ 20.00	\$ 100%	\$ 127.75 \$ 20.00	\$ 46%	\$ 58.77 \$ 9.20	\$ 46%	\$ 58.77 \$ 9.20	\$ 46%	\$ 58.77 \$ 9.20
23	Blood test, thyroid stimulating hormone Venipuncture Physician Service	84443 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 139.75 \$ 20.00	\$ 14.28 \$ 5.00	\$ 139.75 \$ 20.00	\$ 111.81 \$ 14.00	\$ 73.49 \$ 9.20	\$ 73.49 \$ 9.20	\$ 73.49 \$ 9.20	\$ 14.28 \$ 5.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 139.75 \$ 20.00	\$ 100%	\$ 139.75 \$ 20.00	\$ 46%	\$ 73.49 \$ 9.20	\$ 46%	\$ 73.49 \$ 9.20	\$ 46%	\$ 73.49 \$ 9.20
24	Complete blood cell count, with differential white blood cells, automated Venipuncture Physician Service	85025 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 90.75 \$ 20.00	\$ 6.61 \$ 5.00	\$ 90.75 \$ 20.00	\$ 64.91 \$ 14.00	\$ 42.67 \$ 9.20	\$ 42.67 \$ 9.20	\$ 42.67 \$ 9.20	\$ 6.61 \$ 5.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 90.75 \$ 20.00	\$ 100%	\$ 90.75 \$ 20.00	\$ 46%	\$ 42.67 \$ 9.20	\$ 46%	\$ 42.67 \$ 9.20	\$ 46%	\$ 42.67 \$ 9.20
25	Complete blood count, automated Venipuncture Physician Service	85027 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 87.25 \$ 20.00	\$ 5.50 \$ 5.00	\$ 87.25 \$ 20.00	\$ 61.88 \$ 14.00	\$ 40.14 \$ 9.20	\$ 40.14 \$ 9.20	\$ 40.14 \$ 9.20	\$ 5.50 \$ 5.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 87.25 \$ 20.00	\$ 100%	\$ 87.25 \$ 20.00	\$ 46%	\$ 40.14 \$ 9.20	\$ 46%	\$ 40.14 \$ 9.20	\$ 46%	\$ 40.14 \$ 9.20
26	Blood test, clotting time Venipuncture Physician Service	85610 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 31.25 \$ 20.00	\$ 3.34 \$ 5.00	\$ 31.25 \$ 20.00	\$ 25.88 \$ 14.00	\$ 23.58 \$ 9.20	\$ 23.58 \$ 9.20	\$ 23.58 \$ 9.20	\$ 3.34 \$ 5.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 31.25 \$ 20.00	\$ 100%	\$ 31.25 \$ 20.00	\$ 46%	\$ 23.58 \$ 9.20	\$ 46%	\$ 23.58 \$ 9.20	\$ 46%	\$ 23.58 \$ 9.20
27	Coagulation assessment blood test Venipuncture Physician Service	85730 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 118.25 \$ 20.00	\$ 5.10 \$ 5.00	\$ 118.25 \$ 20.00	\$ 81.20 \$ 14.00	\$ 53.36 \$ 9.20	\$ 53.36 \$ 9.20	\$ 53.36 \$ 9.20	\$ 5.10 \$ 5.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 118.25 \$ 20.00	\$ 100%	\$ 118.25 \$ 20.00	\$ 46%	\$ 53.36 \$ 9.20	\$ 46%	\$ 53.36 \$ 9.20	\$ 46%	\$ 53.36 \$ 9.20
28	CT scan, head or brain, without contrast Anesthesia, Supplies and other Expenses Physician Service	70450 various	Radiology Services Supplies Not Provided by Hospital	\$ 1,413.75 \$ 500 - \$500	\$ 452.00 \$ -	\$ 1,413.75 \$ 500 - \$500	\$ 989.63 \$ -	\$ 650.93 \$ -	\$ 650.93 \$ -	\$ 452.00 \$ -	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 1,413.75 \$ 500 - \$500	\$ 100%	\$ 1,413.75 \$ 500 - \$500	\$ 46%	\$ 650.93 \$ -	\$ 46%	\$ 650.93 \$ -	\$ 46%	\$ 650.93 \$ -	
29	MRI scan of brain before and after contrast Anesthesia, Supplies and other Expenses Physician Service	70553 various	Radiology Services Supplies Not Provided by Hospital	\$ 4,139.50 \$ 500 - \$500	\$ 565.00 \$ -	\$ 4,139.50 \$ 500 - \$500	\$ 2,897.65 \$ -	\$ 1,904.17 \$ -	\$ 1,904.17 \$ -	\$ 565.00 \$ -	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 4,139.50 \$ 500 - \$500	\$ 100%	\$ 4,139.50 \$ 500 - \$500	\$ 46%	\$ 1,904.17 \$ -	\$ 46%	\$ 1,904.17 \$ -	\$ 46%	\$ 1,904.17 \$ -	
30	X-Ray, lower back, minimum four views Physician Service	72130	Radiology Services Not Provided by Hospital	\$ 180.25	\$ 64.89	\$ 180.25	\$ 126.18	\$ 82.92	\$ 82.92	\$ 82.92	\$ 64.89	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 180.25	\$ 100%	\$ 180.25	\$ 46%	\$ 82.92	\$ 46%	\$ 82.92	\$ 46%	\$ 82.92
31	MRI scan of lower spinal canal Physician Service	72148	Radiology Services Not Provided by Hospital	\$ 2,395.00	\$ 565.00	\$ 2,395.00	\$ 1,655.70	\$ 1,055.70	\$ 1,055.70	\$ 1,055.70	\$ 565.00	\$ 72%	\$ 65%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 60%	\$ 36%	\$ 2,395.00	\$ 100%	\$ 2,395.00	\$ 46%	\$ 1,055.70	\$ 46%	\$ 1,055.70	\$ 46%	\$

180	Physician Service		Not Provided by Hospital	Not Provided by Hospital	\$ 388.50	\$ 143.46	\$ 398.50	\$ 278.95	\$ 183.31	\$ 183.31	\$ 286.92	\$ 259.03	\$ 239.10	\$ 239.10	\$ 143.46	\$ 398.50	\$ 183.31	\$ 183.31	
181	US G/BLIVER Physician Service	76705	Not Provided by Hospital	Not Provided by Hospital	\$ 388.50	\$ 143.46	\$ 398.50	\$ 278.95	\$ 183.31	\$ 183.31	\$ 286.92	\$ 259.03	\$ 239.10	\$ 239.10	\$ 143.46	\$ 398.50	\$ 183.31	\$ 183.31	
182	US SPLEEN Physician Service	76705	Not Provided by Hospital	Not Provided by Hospital	\$ 388.50	\$ 143.46	\$ 398.50	\$ 278.95	\$ 183.31	\$ 183.31	\$ 286.92	\$ 259.03	\$ 239.10	\$ 239.10	\$ 143.46	\$ 398.50	\$ 183.31	\$ 183.31	
183	US G/LIVER/PANCREAS Physician Service	76705	Not Provided by Hospital	Not Provided by Hospital	\$ 388.50	\$ 143.46	\$ 398.50	\$ 278.95	\$ 183.31	\$ 183.31	\$ 286.92	\$ 259.03	\$ 239.10	\$ 239.10	\$ 143.46	\$ 398.50	\$ 183.31	\$ 183.31	
184	US PANCREAS Physician Service	76705	Not Provided by Hospital	Not Provided by Hospital	\$ 388.50	\$ 137.97	\$ 383.25	\$ 268.28	\$ 176.30	\$ 176.30	\$ 275.94	\$ 249.11	\$ 229.95	\$ 229.95	\$ 137.97	\$ 383.25	\$ 176.30	\$ 176.30	
185	US LIVER/PANCREAS Physician Service	76705	Not Provided by Hospital	Not Provided by Hospital	\$ 388.50	\$ 143.46	\$ 398.50	\$ 278.95	\$ 183.31	\$ 183.31	\$ 286.92	\$ 259.03	\$ 239.10	\$ 239.10	\$ 143.46	\$ 398.50	\$ 183.31	\$ 183.31	
186	US KIDNEY Physician Service	76705	Not Provided by Hospital	Not Provided by Hospital	\$ 388.50	\$ 143.46	\$ 398.50	\$ 278.95	\$ 183.31	\$ 183.31	\$ 286.92	\$ 259.03	\$ 239.10	\$ 239.10	\$ 143.46	\$ 398.50	\$ 183.31	\$ 183.31	
187	US RENAL Physician Service	76775	Not Provided by Hospital	Not Provided by Hospital	\$ 388.50	\$ 195.48	\$ 543.00	\$ 380.10	\$ 249.78	\$ 249.78	\$ 390.96	\$ 352.95	\$ 325.80	\$ 325.80	\$ 195.48	\$ 543.00	\$ 249.78	\$ 249.78	
188	US ADRTA Physician Service	76775	Not Provided by Hospital	Not Provided by Hospital	\$ 543.00	\$ 195.48	\$ 543.00	\$ 380.10	\$ 249.78	\$ 249.78	\$ 390.96	\$ 352.95	\$ 325.80	\$ 325.80	\$ 195.48	\$ 543.00	\$ 249.78	\$ 249.78	
189	US RETROPERITONEAL LIMITED Physician Service	76775	Not Provided by Hospital	Not Provided by Hospital	\$ 543.00	\$ 195.48	\$ 543.00	\$ 380.10	\$ 249.78	\$ 249.78	\$ 390.96	\$ 352.95	\$ 325.80	\$ 325.80	\$ 195.48	\$ 543.00	\$ 249.78	\$ 249.78	
190	US PRED UTERUS TRANSVAGINAL Physician Service	76817	Not Provided by Hospital	Not Provided by Hospital	\$ 468.00	\$ 168.48	\$ 468.00	\$ 327.60	\$ 215.28	\$ 215.28	\$ 336.96	\$ 304.20	\$ 280.80	\$ 280.80	\$ 168.48	\$ 468.00	\$ 215.28	\$ 215.28	
191	US PELVIS COMPLETE FULL BLADDER Physician Service	76856	Not Provided by Hospital	Not Provided by Hospital	\$ 565.75	\$ 203.67	\$ 565.75	\$ 396.03	\$ 260.25	\$ 260.25	\$ 407.34	\$ 367.74	\$ 339.45	\$ 339.45	\$ 203.67	\$ 565.75	\$ 260.25	\$ 260.25	
192	US BLADDER Physician Service	76856	Not Provided by Hospital	Not Provided by Hospital	\$ 565.75	\$ 203.67	\$ 565.75	\$ 396.03	\$ 260.25	\$ 260.25	\$ 407.34	\$ 367.74	\$ 339.45	\$ 339.45	\$ 203.67	\$ 565.75	\$ 260.25	\$ 260.25	
193	US SCROTUM AND CONTENTS Physician Service	76870	Not Provided by Hospital	Not Provided by Hospital	\$ 565.75	\$ 203.67	\$ 565.75	\$ 396.03	\$ 260.25	\$ 260.25	\$ 407.34	\$ 367.74	\$ 339.45	\$ 339.45	\$ 203.67	\$ 565.75	\$ 260.25	\$ 260.25	
194	US EXTREMITY NON VASCULAR RIGHT UPPER Physician Service	76882	Not Provided by Hospital	Not Provided by Hospital	\$ 442.75	\$ 159.39	\$ 442.75	\$ 309.93	\$ 203.67	\$ 203.67	\$ 318.78	\$ 287.79	\$ 265.65	\$ 265.65	\$ 159.39	\$ 442.75	\$ 203.67	\$ 203.67	
195	US EXTREMITY NON VASCULAR RIGHT LOWER Physician Service	76882	Not Provided by Hospital	Not Provided by Hospital	\$ 425.75	\$ 153.27	\$ 425.75	\$ 298.03	\$ 195.85	\$ 195.85	\$ 306.54	\$ 276.74	\$ 255.45	\$ 255.45	\$ 153.27	\$ 425.75	\$ 195.85	\$ 195.85	
196	US EXTREMITY NON VASCULAR LEFT LOWER Physician Service	76882	Not Provided by Hospital	Not Provided by Hospital	\$ 425.75	\$ 153.27	\$ 425.75	\$ 298.03	\$ 195.85	\$ 195.85	\$ 306.54	\$ 276.74	\$ 255.45	\$ 255.45	\$ 153.27	\$ 425.75	\$ 195.85	\$ 195.85	
197	US EXTREMITY NON VASCULAR LEFT UPPER Physician Service	76882	Not Provided by Hospital	Not Provided by Hospital	\$ 408.50	\$ 147.06	\$ 408.50	\$ 285.95	\$ 187.91	\$ 187.91	\$ 294.12	\$ 265.53	\$ 245.10	\$ 245.10	\$ 147.06	\$ 408.50	\$ 187.91	\$ 187.91	
198	US GUARDIAN BK ASPIRATION, INJECTION, LOCALIZATION, ANY AREA Physician Service	76942	Not Provided by Hospital	Not Provided by Hospital	\$ 380.00	\$ 110.88	\$ 380.00	\$ 251.60	\$ 141.68	\$ 141.68	\$ 221.76	\$ 200.20	\$ 184.80	\$ 184.80	\$ 110.88	\$ 380.00	\$ 141.68	\$ 141.68	
199	COMP METABOLIC PROFILE Venipuncture	80050	Laboratory and Pathology Services	Not Provided by Hospital	\$ 444.50	\$ 10.26	\$ 444.50	\$ 311.15	\$ 204.47	\$ 204.47	\$ 10.26	\$ 310.04	\$ 288.93	\$ 266.70	\$ 266.70	\$ 10.26	\$ 444.50	\$ 204.47	\$ 204.47
200	ELECTROLYTE PROFILE Venipuncture	80051	Laboratory and Pathology Services	Not Provided by Hospital	\$ 151.50	\$ 4.75	\$ 151.50	\$ 106.05	\$ 69.69	\$ 69.69	\$ 4.75	\$ 109.08	\$ 98.48	\$ 90.90	\$ 90.90	\$ 4.75	\$ 151.50	\$ 69.69	\$ 69.69
201	HEPATITS PANEL (4) Venipuncture	80074	Laboratory and Pathology Services	Not Provided by Hospital	\$ 165.75	\$ 40.48	\$ 165.75	\$ 116.03	\$ 76.25	\$ 76.25	\$ 40.48	\$ 119.94	\$ 107.74	\$ 99.45	\$ 99.45	\$ 40.48	\$ 165.75	\$ 76.25	\$ 76.25
202	DROCKIN Venipuncture	80162	Laboratory and Pathology Services	Not Provided by Hospital	\$ 150.50	\$ 11.28	\$ 150.50	\$ 105.35	\$ 69.23	\$ 69.23	\$ 11.28	\$ 108.36	\$ 97.83	\$ 90.30	\$ 90.30	\$ 11.28	\$ 150.50	\$ 69.23	\$ 69.23
203	VALPROIC ACID Venipuncture	80164	Laboratory and Pathology Services	Not Provided by Hospital	\$ 263.75	\$ 11.51	\$ 263.75	\$ 184.63	\$ 121.13	\$ 121.13	\$ 11.51	\$ 189.90	\$ 174.44	\$ 158.25	\$ 158.25	\$ 11.51	\$ 263.75	\$ 121.13	\$ 121.13
204	GENITAMICIN Venipuncture	80170	Laboratory and Pathology Services	Not Provided by Hospital	\$ 193.50	\$ 13.93	\$ 193.50	\$ 135.45	\$ 89.01	\$ 89.01	\$ 13.93	\$ 139.32	\$ 125.78	\$ 116.10	\$ 116.10	\$ 13.93	\$ 193.50	\$ 89.01	\$ 89.01
205	LEVITRACETAM (KEPPRA) Venipuncture	80177	Laboratory and Pathology Services	Not Provided by Hospital	\$ 207.50	\$ 18.09	\$ 207.50	\$ 146.25	\$ 95.45	\$ 95.45	\$ 18.09	\$ 149.40	\$ 134.88	\$ 124.50	\$ 124.50	\$ 18.09	\$ 207.50	\$ 95.45	\$ 95.45
206	LITHIUM Venipuncture	80178	Laboratory and Pathology Services	Not Provided by Hospital	\$ 80.00	\$ 5.62	\$ 80.00	\$ 56.00	\$ 36.80	\$ 36.80	\$ 5.62	\$ 74.60	\$ 52.00	\$ 48.00	\$ 48.00	\$ 5.62	\$ 80.00	\$ 36.80	\$ 36.80
207	PHENOBARBITAL, SERUM Venipuncture	80184	Laboratory and Pathology Services	Not Provided by Hospital	\$ 122.75	\$ 9.73	\$ 122.75	\$ 85.93	\$ 56.47	\$ 56.47	\$ 9.73	\$ 88.38	\$ 79.79	\$ 73.65	\$ 73.65	\$ 9.73	\$ 122.75	\$ 56.47	\$ 56.47
208	DIANTIN Venipuncture	80185	Laboratory and Pathology Services	Not Provided by Hospital	\$ 189.25	\$ 11.26	\$ 189.25	\$ 132.48	\$ 87.06	\$ 87.06	\$ 11.26	\$ 136.26	\$ 123.01	\$ 113.55	\$ 113.55	\$ 11.26	\$ 189.25	\$ 87.06	\$ 87.06
209	TACROLIMUS(PROGRAF) Venipuncture	80197	Laboratory and Pathology Services	Not Provided by Hospital	\$ 193.50	\$ 11.67	\$ 193.50	\$ 135.45	\$ 89.01	\$ 89.01	\$ 11.67	\$ 139.32	\$ 125.78	\$ 116.10	\$ 116.10	\$ 11.67	\$ 193.50	\$ 89.01	\$ 89.01
210	VANCOMYCIN TROUGH Venipuncture	80202	Laboratory and Pathology Services	Not Provided by Hospital	\$ 207.50	\$ 11.51	\$ 207.50	\$ 146.25	\$ 95.45	\$ 95.45	\$ 11.51	\$ 149.40	\$ 134.88	\$ 124.50	\$ 124.50	\$ 11.51	\$ 207.50	\$ 95.45	\$ 95.45
211	VANCOMYCIN PEAK Venipuncture	80203	Laboratory and Pathology Services	Not Provided by Hospital	\$ 207.50	\$ 11.51	\$ 207.50	\$ 146.25	\$ 95.45	\$ 95.45	\$ 11.51	\$ 149.40	\$ 134.88	\$ 124.50	\$ 124.50	\$ 11.51	\$ 207.50	\$ 95.45	\$ 95.45
212	URINE DRUG SCREEN IN-HOUSE Physician Service	80306	Laboratory and Pathology Services	Not Provided by Hospital	\$ 309.00	\$ 8.57	\$ 309.00	\$ 236.30	\$ 142.14	\$ 142.14	\$ 8.57	\$ 222.48	\$ 200.85	\$ 185.40	\$ 185.40	\$ 8.57	\$ 309.00	\$ 142.14	\$ 142.14
213	ALCOHOL Venipuncture	80320	Laboratory and Pathology Services	Not Provided by Hospital	\$ 90.50	\$ 0.01	\$ 90.50	\$ 63.35	\$ 41.63	\$ 41.63	\$ 0.01	\$ 58.83	\$ 53.58	\$ 49.50	\$ 49.50	\$ 0.01	\$ 90.50	\$ 41.63	\$ 41.63
214	URINALYSIS WALK IN CLINIC Physician Service	81002	Laboratory and Pathology Services	Not Provided by Hospital	\$ 27.50	\$ 2.05	\$ 27.50	\$ 19.25	\$ 12.65	\$ 12.65	\$ 2.05	\$ 17.88	\$ 16.50	\$ 15.00	\$ 15.00	\$ 2.05	\$ 27.50	\$ 12.65	\$ 12.65
215	KCG URINE Physician Service	81025	Laboratory and Pathology Services	Not Provided by Hospital	\$ 83.50	\$ 1.02	\$ 83.50	\$ 58.45	\$ 38.41	\$ 38.41	\$ 1.02	\$ 60.12	\$ 54.28	\$ 50.10	\$ 50.10	\$ 1.02	\$ 83.50	\$ 38.41	\$ 38.41
216	URINE HCG WALK IN CLINIC Physician Service	81025	Laboratory and Pathology Services	Not Provided by Hospital	\$ 83.50	\$ 1.02	\$ 83.50	\$ 58.45	\$ 38.41	\$ 38.41	\$ 1.02	\$ 60.12	\$ 54.28	\$ 50.10	\$ 50.10	\$ 1.02	\$ 83.50	\$ 38.41	\$ 38.41
217	FACTOR V LEIDEN MUTATION ANALYSIS Venipuncture	81241	Laboratory and Pathology Services	Not Provided by Hospital	\$ 410.50	\$ 26.74	\$ 410.50	\$ 287.35	\$ 188.83	\$ 188.83	\$ 26.74	\$ 295.36	\$ 266.83	\$ 246.30	\$ 246.30	\$ 26.74	\$ 410.50	\$ 188.83	\$ 188.83
218	RETONES Venipuncture	82009	Laboratory and Pathology Services	Not Provided by Hospital	\$ 52.50	\$ 3.84	\$ 52.50	\$ 36.75	\$ 24.15	\$ 24.15	\$ 3.84	\$ 37.80	\$ 34.13	\$ 31.50	\$ 31.50	\$ 3.84	\$ 52.50	\$ 24.15	\$ 24.15
219	ACTH, PLASMA Venipuncture	82024	Laboratory and Pathology Services	Not Provided by Hospital	\$ 116.00	\$ 28.03	\$ 116.00	\$ 81.20	\$ 53.36	\$ 53.36	\$ 28.03	\$ 83.52	\$ 75.40	\$ 69.60	\$ 69.60	\$ 28.03	\$ 116.00	\$ 53.36	\$ 53.36
220	MICROALBUMIN QNT URINE Physician Service	82043	Laboratory and Pathology Services	Not Provided by Hospital	\$ 89.25	\$ 4.91	\$ 89.25	\$ 62.48	\$ 41.06	\$ 41.06	\$ 4.91	\$ 64.26	\$ 58.01	\$ 53.55	\$ 53.55	\$ 4.91	\$ 89.25	\$ 41.06	\$ 41.06
221	URINE MICROALBUMIN, SEMI-QUANT Physician Service	82044	Laboratory and Pathology Services	Not Provided by Hospital	\$ 67.75	\$ 3.89	\$ 67.75	\$ 42.53	\$ 27.95	\$ 27.95	\$ 3.89	\$ 43.74	\$ 39.49	\$ 36.45	\$ 36.45	\$ 3.89	\$ 67.75	\$ 27.95	\$ 27.95
222	ALDOSTERONE LCMS, SERUM Venipuncture	82088	Laboratory and Pathology Services	Not Provided by Hospital	\$ 195.00	\$ 34.63	\$ 195.00	\$ 139.50	\$ 89.70	\$ 89.70	\$ 34.63	\$ 140.40	\$ 126.75	\$ 117.00	\$ 117.00	\$ 34.63	\$ 195.00	\$ 89.70	\$ 89.70
223	ALPHA 1-ANTITRYPSIN Venipuncture	82103	Laboratory and Pathology Services	Not Provided by Hospital	\$ 99.75	\$ 11.42	\$ 99.75	\$ 69.83	\$ 45.89	\$ 45.89	\$ 11.42	\$ 71.82	\$ 64.84	\$ 59.85	\$ 59.85	\$ 11.42	\$ 99.75	\$ 45.89	\$ 45.89
224	AFP, SERUM, TUMOR MARKER Venipuncture	82105	Laboratory and Pathology Services	Not Provided by Hospital	\$ 150.50	\$ 14.26	\$ 150.50	\$ 105.35	\$ 69.23	\$ 69.23	\$ 14.26	\$ 108.36	\$ 97.83	\$ 90.30	\$ 90.30	\$ 14.26	\$ 150.50	\$ 69.23	\$ 69.23
225	AMMONIA, PLASMA Venipuncture	82140	Laboratory and Pathology Services	Not Provided by Hospital	\$ 133.75	\$ 12.38	\$ 133.75	\$ 93.63	\$ 61.53	\$ 61.53	\$ 12.38	\$ 96.30	\$ 86.94	\$ 80.25	\$ 80.25	\$ 12.38	\$ 133.75	\$ 61.53	\$ 61.53
226	FACTOR II (PT), DNA ANALYSIS Venipuncture	81240	Laboratory and Pathology Services	Not Provided by Hospital	\$ 10.00	\$ 0.00	\$ 10.00	\$ 7.00	\$ 4.50	\$ 4.50	\$ 0.00	\$ 9.00	\$ 8.00	\$ 7.00	\$ 7.00	\$ 0.00	\$ 10.00	\$ 4.50	\$ 4.50
227	AMYLASE Venipuncture	82150	Laboratory and Pathology Services	Not Provided by Hospital	\$ 71.50	\$ 5.51	\$ 71.50	\$ 50.05	\$ 32.89	\$ 32.89	\$ 5.51	\$ 51.48	\$ 46.48	\$ 42.90	\$ 42.90	\$ 5.51	\$ 71.50	\$ 32.89	\$ 32.89
228	BETA-2 MICROGLOBULIN Venipuncture	82232	Laboratory and Pathology Services	Not Provided by Hospital	\$ 168.25	\$ 13.75	\$ 168.25	\$ 117.78	\$ 77.40	\$ 77.40	\$ 13.75	\$ 121.14	\$ 109.36	\$ 100.95	\$ 100.95	\$ 13.75	\$ 168.25	\$ 77.40	\$ 77.40
229	DIRECT BILIRUBIN Venipuncture	82248	Laboratory and Pathology Services	Not Provided by Hospital	\$ 71.50	\$ 4.26	\$ 71.50	\$ 50.05	\$ 32.89	\$ 32.89	\$ 4.26	\$ 51.48	\$ 46						

277	Venipuncture Physician Service	36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 20.00 Billed by Provider	\$ 5.00	\$ 20.00	\$ 14.00	\$ 9.20	\$ 9.20	\$ 5.00	\$ 14.40	\$ 13.00	\$ 12.00	\$ 12.00	\$ 7.20	\$ 20.00	\$ 9.20	\$ 9.20
278	HAPTOGLOBIN Venipuncture Physician Service	83030 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 242.00 Billed by Provider	\$ 10.69	\$ 242.00	\$ 169.40	\$ 111.32	\$ 111.32	\$ 10.69	\$ 174.24	\$ 157.30	\$ 145.20	\$ 145.20	\$ 87.12	\$ 242.00	\$ 111.32	\$ 111.32
279	HEMOGLOBIN A1C Venipuncture Physician Service	83036 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 139.50 Billed by Provider	\$ 8.25	\$ 139.50	\$ 97.65	\$ 64.17	\$ 64.17	\$ 8.25	\$ 100.44	\$ 90.68	\$ 83.70	\$ 83.70	\$ 50.22	\$ 139.50	\$ 64.17	\$ 64.17
280	HEP HEMOGLOBIN Physician Service	83050	Laboratory and Pathology Services Not Provided by Hospital	\$ 40.75 Billed by Provider	\$ 4.94	\$ 40.75	\$ 28.53	\$ 18.75	\$ 18.75	\$ 4.94	\$ 29.34	\$ 26.49	\$ 24.45	\$ 24.45	\$ 14.67	\$ 40.75	\$ 18.75	\$ 18.75
281	HOMOCYSTEINE, PLASMA Venipuncture Physician Service	83090 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 148.00 Billed by Provider	\$ 5.00	\$ 148.00	\$ 104.00	\$ 76.71	\$ 76.71	\$ 5.00	\$ 143.00	\$ 108.39	\$ 100.00	\$ 100.00	\$ 60.00	\$ 148.00	\$ 76.71	\$ 76.71
282	ACTIN (SMOOTH MUSCLE) AB Venipuncture Physician Service	83136 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 112.00 Billed by Provider	\$ 9.26	\$ 112.00	\$ 78.40	\$ 60.38	\$ 60.38	\$ 9.26	\$ 94.50	\$ 85.31	\$ 78.75	\$ 78.75	\$ 47.25	\$ 112.00	\$ 60.38	\$ 60.38
283	IMMUNOGLOBULIN FOR ANALYTE OTHER THAN INFO AGENT AB/AG Venipuncture Physician Service	83136 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 37.75 Billed by Provider	\$ 9.26	\$ 37.75	\$ 26.41	\$ 17.37	\$ 17.37	\$ 9.26	\$ 27.18	\$ 24.54	\$ 22.65	\$ 22.65	\$ 13.59	\$ 37.75	\$ 17.37	\$ 17.37
284	MITOCHONDRIAL (M2) ANTIBODY Venipuncture Physician Service	83136 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 131.25 Billed by Provider	\$ 9.26	\$ 131.25	\$ 91.88	\$ 69.38	\$ 69.38	\$ 9.26	\$ 94.50	\$ 85.31	\$ 78.75	\$ 78.75	\$ 47.25	\$ 131.25	\$ 69.38	\$ 69.38
285	INSULIN Venipuncture Physician Service	83232 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 121.75 Billed by Provider	\$ 9.71	\$ 121.75	\$ 85.23	\$ 66.01	\$ 66.01	\$ 9.71	\$ 87.66	\$ 79.14	\$ 73.05	\$ 73.05	\$ 43.83	\$ 121.75	\$ 66.01	\$ 66.01
286	IRON Venipuncture Physician Service	83240 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 24.80 Billed by Provider	\$ 3.51	\$ 24.80	\$ 17.80	\$ 13.64	\$ 13.64	\$ 3.51	\$ 24.48	\$ 22.10	\$ 20.40	\$ 20.40	\$ 12.24	\$ 24.80	\$ 13.64	\$ 13.64
287	IRON BINDING CAPACITY Venipuncture Physician Service	83350 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 71.50 Billed by Provider	\$ 7.43	\$ 71.50	\$ 50.05	\$ 32.89	\$ 32.89	\$ 7.43	\$ 51.48	\$ 46.48	\$ 42.90	\$ 42.90	\$ 25.74	\$ 71.50	\$ 32.89	\$ 32.89
288	LACTIC ACID Venipuncture Physician Service	83605 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 145.50 Billed by Provider	\$ 9.08	\$ 145.50	\$ 101.85	\$ 66.93	\$ 66.93	\$ 9.08	\$ 104.76	\$ 94.58	\$ 87.30	\$ 87.30	\$ 52.38	\$ 145.50	\$ 66.93	\$ 66.93
289	LIN Venipuncture Physician Service	83615 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 71.50 Billed by Provider	\$ 3.13	\$ 71.50	\$ 50.05	\$ 32.89	\$ 32.89	\$ 3.13	\$ 51.48	\$ 46.48	\$ 42.90	\$ 42.90	\$ 25.74	\$ 71.50	\$ 32.89	\$ 32.89
290	MFGLOBIN, URINE Physician Service	83874	Laboratory and Pathology Services Not Provided by Hospital	\$ 154.75 Billed by Provider	\$ 10.97	\$ 154.75	\$ 115.33	\$ 75.79	\$ 75.79	\$ 10.97	\$ 118.62	\$ 107.09	\$ 98.85	\$ 98.85	\$ 59.31	\$ 154.75	\$ 75.79	\$ 75.79
291	NEPHELOMETRY Physician Service	83883	Laboratory and Pathology Services Not Provided by Hospital	\$ 175.25 Billed by Provider	\$ 11.55	\$ 175.25	\$ 122.68	\$ 80.62	\$ 80.62	\$ 11.55	\$ 126.18	\$ 113.91	\$ 105.15	\$ 105.15	\$ 63.09	\$ 175.25	\$ 80.62	\$ 80.62
292	METHYLMALONIC ACID Venipuncture Physician Service	83921 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 327.00 Billed by Provider	\$ 13.99	\$ 327.00	\$ 228.90	\$ 150.42	\$ 150.42	\$ 13.99	\$ 235.44	\$ 212.55	\$ 186.20	\$ 186.20	\$ 117.72	\$ 327.00	\$ 150.42	\$ 150.42
293	OSMOLALITY, SERUM/PLASMA Venipuncture Physician Service	83930 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 71.50 Billed by Provider	\$ 5.62	\$ 71.50	\$ 50.05	\$ 32.89	\$ 32.89	\$ 5.62	\$ 51.48	\$ 46.48	\$ 42.90	\$ 42.90	\$ 25.74	\$ 71.50	\$ 32.89	\$ 32.89
294	OSMOLALITY, URINE Physician Service	83935	Laboratory and Pathology Services Not Provided by Hospital	\$ 58.50 Billed by Provider	\$ 5.79	\$ 58.50	\$ 40.95	\$ 26.91	\$ 26.91	\$ 5.79	\$ 42.12	\$ 38.03	\$ 35.10	\$ 35.10	\$ 21.06	\$ 58.50	\$ 26.91	\$ 26.91
295	BODY FLUID PH Physician Service	83986	Laboratory and Pathology Services Not Provided by Hospital	\$ 52.50 Billed by Provider	\$ 3.04	\$ 52.50	\$ 36.75	\$ 24.15	\$ 24.15	\$ 3.04	\$ 37.80	\$ 34.13	\$ 31.50	\$ 31.50	\$ 18.90	\$ 52.50	\$ 24.15	\$ 24.15
296	PHOSPHORUS Venipuncture Physician Service	84100 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 71.50 Billed by Provider	\$ 4.03	\$ 71.50	\$ 50.05	\$ 32.89	\$ 32.89	\$ 4.03	\$ 51.48	\$ 46.48	\$ 42.90	\$ 42.90	\$ 25.74	\$ 71.50	\$ 32.89	\$ 32.89
297	POTASSIUM Venipuncture Physician Service	84132 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 71.50 Billed by Provider	\$ 3.91	\$ 71.50	\$ 50.05	\$ 32.89	\$ 32.89	\$ 3.91	\$ 51.48	\$ 46.48	\$ 42.90	\$ 42.90	\$ 25.74	\$ 71.50	\$ 32.89	\$ 32.89
298	LIPASE Venipuncture Physician Service	83690 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 71.50 Billed by Provider	\$ 5.88	\$ 71.50	\$ 50.05	\$ 32.89	\$ 32.89	\$ 5.88	\$ 51.48	\$ 46.48	\$ 42.90	\$ 42.90	\$ 25.74	\$ 71.50	\$ 32.89	\$ 32.89
299	LDL CHOLESTEROL (DIRECT) Venipuncture Physician Service	83721 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 88.25 Billed by Provider	\$ 5.00	\$ 88.25	\$ 61.78	\$ 40.60	\$ 40.60	\$ 5.00	\$ 81.11	\$ 63.54	\$ 57.36	\$ 52.95	\$ 31.77	\$ 88.25	\$ 40.60	\$ 40.60
300	MAGNESIUM Venipuncture Physician Service	83735 36415	Laboratory and Pathology Services Not Provided by Hospital	\$ 68.00 Billed by Provider	\$ 5.69	\$ 68.00	\$ 47.60	\$ 31.28	\$ 31.28	\$ 5.69	\$ 48.96	\$ 44.20	\$ 40.80	\$ 40.80	\$ 24.48	\$ 68.00	\$ 31.28	\$ 31.28
	B-TYPE NATRIURETIC PEPTIDE Laboratory and Pathology Services	83880	Laboratory and Pathology Services	\$ 285.00 Billed by Provider	\$ 28.85	\$ 285.00	\$ 199.50	\$ 131.10	\$ 131.10	\$ 28.85	\$ 205.20	\$ 185.25	\$ 171.00	\$ 171.00	\$ 102.60	\$ 285.00	\$ 131.10	\$ 131.10